



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/562,028	
Confirmation Number		
Filing Date	with an effective filing date of June 7, 2004	
First Named Inventor	Eckhardt LÜBKE and Frank-Detlef SPECK	
Group Art Unit	3656	
Examiner Name	James PILKINGTON	Fax: (571) 273-8300
Total No. of Pages in this Submission: 23	Attorney Docket Number	ZAHFRI P802US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$810.00 <input checked="" type="checkbox"/> Amendment/Response [14] <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request [] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt [] <input type="checkbox"/> Certified Copy of Priority [] Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application [] <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers [] (for an Application) <input checked="" type="checkbox"/> Drawing(s) --Annotated Sheet(s) .. [1] Replacement Sheet(s) [1] <input type="checkbox"/> Licensing-related Papers [] <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition ... [] <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address . [] <input type="checkbox"/> Terminal Disclaimer [] <input type="checkbox"/> Small Entity Statement [] <input type="checkbox"/> Request for Refund []	<input type="checkbox"/> After Allowance Communication to Group [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences [] <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) [] <input type="checkbox"/> Proprietary Information [] <input type="checkbox"/> Status Letter [] <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Continued Examination - 1pg in duplicate Exhibit A FIG 1. Exploded Postcard
---	--	--

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

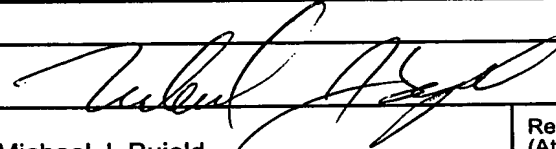
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	July 24, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on July 24, 2009.	
Signature	Date: July 24, 2009 (amp)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Application No. Filing Date First Named Inventor Examiner Name Art Unit </td> <td style="width:50%; vertical-align: top;"> 10/562,028 with an effective filing date of June 7, 2004 Eckhardt LÜBKE and Frank- Detlef SPECK James PILKINGTON 3656 </td> </tr> <tr> <td style="vertical-align: top;"> Attorney Docket No. </td> <td style="vertical-align: top;"> ZAHFRI P802US </td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/562,028 with an effective filing date of June 7, 2004 Eckhardt LÜBKE and Frank- Detlef SPECK James PILKINGTON 3656	Attorney Docket No.	ZAHFRI P802US																																																		
Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/562,028 with an effective filing date of June 7, 2004 Eckhardt LÜBKE and Frank- Detlef SPECK James PILKINGTON 3656																																																								
Attorney Docket No.	ZAHFRI P802US																																																								
TOTAL AMOUNT OF PAYMENT: \$810.00		METHOD OF PAYMENT (check all that apply)																																																							
<p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments </p>																																																									
<p>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>																																																									
<p>FEE CALCULATION</p>																																																									
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>330</td> <td>165</td> <td>540</td> <td>270</td> <td>220</td> <td>110</td> <td></td> </tr> <tr> <td>Design</td> <td>220</td> <td>110</td> <td>100</td> <td>50</td> <td>140</td> <td>70</td> <td></td> </tr> <tr> <td>Plant</td> <td>220</td> <td>110</td> <td>330</td> <td>165</td> <td>170</td> <td>85</td> <td></td> </tr> <tr> <td>Reissue</td> <td>330</td> <td>165</td> <td>540</td> <td>270</td> <td>650</td> <td>325</td> <td></td> </tr> <tr> <td>Provisional</td> <td>220</td> <td>110</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	330	165	540	270	220	110		Design	220	110	100	50	140	70		Plant	220	110	330	165	170	85		Reissue	330	165	540	270	650	325		Provisional	220	110	0	0	0	0	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																			
Utility	330	165	540	270	220	110																																																			
Design	220	110	100	50	140	70																																																			
Plant	220	110	330	165	170	85																																																			
Reissue	330	165	540	270	650	325																																																			
Provisional	220	110	0	0	0	0																																																			
<p>2. EXCESS CLAIM FEES</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>52</td> <td>26</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>220</td> <td>110</td> </tr> <tr> <td>Multiple dependent claims</td> <td>390</td> <td>195</td> </tr> </tbody> </table> <table border="0" style="width:100%;"> <tr> <td style="width:30%;"> <u>Total Claims</u> -20 or HP = _____ </td> <td style="width:10%;"> <u>Extra Claims</u> x </td> <td style="width:10%;"> <u>Fee (\$)</u> <u>\$52/\$26</u> = </td> <td style="width:10%;"> <u>Fee Paid (\$)</u> </td> <td style="width:10%;"></td> <td style="width:30%;"> <u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> </td> </tr> <tr> <td> <u>Indep. Claims</u> -3 or HP + _____ </td> <td> <u>Extra Claims</u> x </td> <td> <u>Fee (\$)</u> <u>\$220/\$110</u> = </td> <td> <u>Fee Paid (\$)</u> </td> <td></td> <td></td> </tr> </table> <p>HP = highest number of independent claims paid for, if greater than 3.</p>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	52	26	Each independent claim over 3 (including Reissues)	220	110	Multiple dependent claims	390	195	<u>Total Claims</u> -20 or HP = _____	<u>Extra Claims</u> x	<u>Fee (\$)</u> <u>\$52/\$26</u> =	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>	<u>Indep. Claims</u> -3 or HP + _____	<u>Extra Claims</u> x	<u>Fee (\$)</u> <u>\$220/\$110</u> =	<u>Fee Paid (\$)</u>																																
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																							
Each claim over 20 (including Reissues)	52	26																																																							
Each independent claim over 3 (including Reissues)	220	110																																																							
Multiple dependent claims	390	195																																																							
<u>Total Claims</u> -20 or HP = _____	<u>Extra Claims</u> x	<u>Fee (\$)</u> <u>\$52/\$26</u> =	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>																																																				
<u>Indep. Claims</u> -3 or HP + _____	<u>Extra Claims</u> x	<u>Fee (\$)</u> <u>\$220/\$110</u> =	<u>Fee Paid (\$)</u>																																																						
<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>No. of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____ -100 = _____</td> <td>_____ /50 = _____</td> <td>_____ (round up to a whole number) x</td> <td>_____ \$270/\$135</td> <td>_____</td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	No. of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____ -100 = _____	_____ /50 = _____	_____ (round up to a whole number) x	_____ \$270/\$135	_____																																												
Total Sheets	Extra Sheets	No. of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																					
_____ -100 = _____	_____ /50 = _____	_____ (round up to a whole number) x	_____ \$270/\$135	_____																																																					
<p>4. OTHER FEE(S)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Non-English Specification, \$130 fee (no small entity discount)</td> <td style="width:20%;"></td> </tr> <tr> <td>Other (e.g., late filing surcharge): <u>Request for Continued Examination</u></td> <td style="text-align: right;"><u>\$810.00</u></td> </tr> </table>				Non-English Specification, \$130 fee (no small entity discount)		Other (e.g., late filing surcharge): <u>Request for Continued Examination</u>	<u>\$810.00</u>																																																		
Non-English Specification, \$130 fee (no small entity discount)																																																									
Other (e.g., late filing surcharge): <u>Request for Continued Examination</u>	<u>\$810.00</u>																																																								
<p>SUBMITTED BY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Signature </td> <td style="width:50%; vertical-align: top;"> Telephone (603) 226-7490 </td> </tr> <tr> <td style="vertical-align: top;"> Name (Print/Type) Michael J. Bujold </td> <td style="vertical-align: top;"> Registration No. (Atty/Agent) 32,018 Date: July 24, 2009 </td> </tr> </table>				Signature 	Telephone (603) 226-7490	Name (Print/Type) Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: July 24, 2009																																																		
Signature 	Telephone (603) 226-7490																																																								
Name (Print/Type) Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: July 24, 2009																																																								

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Complete if Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Application No. Filing Date First Named Inventor Examiner Name Art Unit </td> <td style="width: 50%; vertical-align: top;"> 10/562,028 with an effective filing date of June 7, 2004 Eckhardt LÜBKE and Frank- Detlef SPECK James PILKINGTON 3656 </td> </tr> <tr> <td style="vertical-align: top;"> Attorney Docket No. </td> <td style="vertical-align: top;"> ZAHFRI P802US </td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/562,028 with an effective filing date of June 7, 2004 Eckhardt LÜBKE and Frank- Detlef SPECK James PILKINGTON 3656	Attorney Docket No.	ZAHFRI P802US
Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/562,028 with an effective filing date of June 7, 2004 Eckhardt LÜBKE and Frank- Detlef SPECK James PILKINGTON 3656						
Attorney Docket No.	ZAHFRI P802US						
TOTAL AMOUNT OF PAYMENT: \$810.00		METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments					
WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
<u>Application Type</u>	<u>FILING FEES</u> <u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>SEARCH FEES</u> <u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>EXAMINATION FEES</u> <u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES				<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>		
<u>Fee Description</u> Each claim over 20 (including Reissues)				52	26		
Each independent claim over 3 (including Reissues)				220	110		
Multiple dependent claims				390	195		
<u>Total Claims</u> -20 or HP = _____		<u>Extra Claims</u> _____ x _____		<u>Fee (\$)</u> \$52/\$26 = _____		<u>Fee Paid (\$)</u> _____	
<u>Indep. Claims</u> -3 or HP + _____		<u>Extra Claims</u> _____ x _____		<u>Fee (\$)</u> \$220/\$110 = _____		<u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> -100 = _____		<u>Extra Sheets</u> / 50 = _____		<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x _____		<u>Fee (\$)</u> <u>Fee Paid (\$)</u> \$270/\$135 = _____	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						<u>Fees Paid (\$)</u> _____	
Other (e.g., late filing surcharge): <u>Request for Continued Examination</u>						<u>\$810.00</u>	
SUBMITTED BY							
Signature						Telephone (603) 226-7490	
Name (Print/Type)	Michael J. Bujold			Registration No. (Atty/Agent)	32,018		Date: July 24, 2009